Neighborhood Charter School



Father/Guardian Emergency Contact Information: Name:

MEDICAL & EMERGENCY CONTACT AND RELEASE FORM

MEDICAL & EM	MERGENCY CELEASE FORM	ONTACT			Employer: Day Phone: () Evening Phone: () Cell Phone: () Email: Dardian Emergency Contact Information: Name: Employer: Day Phone: () Evening Phone: () Cell Phone: () Email:
Student Name:	_ast	First		Middle	Student's Date of birth:
Student's physician:					
			Name		Telephone
History of significant he	alth problems: _				
Allergies to medication	s or foods:				
List any medications stu	udent will be tak	king:			
student to be released	from school du can not be co	ring the do ntacted. I	ay. Please	include those	thorized by the guardian to sign for your e individuals you would authorize to take listed below comes to check out your
The individuals listed be					
Name:			_ Phone:		Relationship:
					Relationship:
Name:			_		Relationship: Relationship:
Every effort will be mo care. In the event that ambulance or the para	ide to notify you none of the ab amedics if it is fe stand the inforn	ou in the e ove are a elt appropi nation inc	event of a vailable, o riate. luded on t	n accident or r in the case his form. Furth	afety and care of your son or daughter. or injury, which may require emergency of an emergency, the school will call an emermore, I accept financial responsibility redures outlined above
	Signature Paren	t or Guard	lian		Date
List your students attend LAST NAME	ding this school, FIRST NAME		t. F GRADE	BIRTHDATE	PLEASE LIST ANY HEALTH PROBLEMS
		1 1			

LAST NAME	first name	MI	M/F	GRADE	BIRTHDATE	PLEASE LIST ANY HEALTH PROBLEMS